COMMONWEALTH OF MASSACHUSETTS Office of Consumer Affairs and Business Regulation DIVISION OF INSURANCE



One South Station • Boston, MA 02110-2208 (617) 521-7794 • FAX (617) 521-7576 TTY/TDD (617) 521-7490 http://www.mass.gov/doi

MITT ROMNEY GOVERNOR

KERRY HEALEY LIEUTENANT GOVERNOR BETH LINDSTROM DIRECTOR, CONSUMER AFFAIRS AND BUSINESS REGULATION

JULIANNE M. BOWLER COMMISSIONER OF INSURANCE

AUTOMOBILE CLUB NOTICE OF EMPLOYMENT FORM AND APPLICATION FOR CLUB AGENT

Agent Fee \$25.00

Office of the	Automobile Club
To the Commissioner of Insurance of M	/lassachusetts:
You are here by notified that I,	
	(Print Name)
	(Print Official Title)
of And Requirements as set forth in Section 10	have made an investigation as to the reputation I I am satisfied that the applicant meets the Chapter 850 of the Acts of 1974. I have an agent to sell automobile club services for the
	(Signature)

PLEASE COMPLETE THE NEXT PAGE

THIS PORTION TO BE COMPLETED BY THE APPLICANT (Please print all answers)

1.	Full name of appli	Full name of applicant					
	•••	(First N	lame)	(Middle)	(Last)		
2.	Resident Address	(No.)	(Street)	(City	or Town)		
3.	Business Name and Address						
4.	Social Security No	o					
5.	Applicants education or training, by the club or other qualification in the field of automobile contracts and the laws of the Commonwealth of Massachusetts pertaining to automobile clubs.						
6.	I hereby verify my foregoing statements and answers and declare under the penalties of perjury that they are correct.						
7.	Executed at	(City)		(State)			
	This Day o	` ',		, ,			
				(Applicant's	Signature)		
Soc	cial Security#						
Fed	deral I.D.#						
Hor	me Tel. # ()					
Bus	siness Tel. # ()					